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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE CHILDREN'S SEASHORE HOUSE, AT ATLANTIC CITY, AND ITS CLINICAL TEACHINGS IN REGARD TO THE VALUE OF THE SEASHORE AS A RESORT FOR SICK CHILDREN.

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Presented by invitation, before the Philadelphia County Medical Society, at a Conversational Meeting, held December 19th, 1877, and read by Prof. Henry H. Smith, President of the Society.

(Concluded from No. 1094.)

Three things, probably, tend to make milk furnished by cows fed in the neighborhood of Atlantic City unreliable for sick children. First. Want of good pasture. Second. The poor quality of drinking water furnished the animals. Third. The constant annoyance they suffer from the green-headed flies, and from mosquitoes. The milk sent to the place from a distance is brought so far as often to be injured by the journey and by the time consumed in it. Hence it has been found necessary to rely chiefly upon condensed milk. This is, every three hours, furnished to mothers, of the uniform strength of three teaspoonfuls to the pint of hot water. It has been found to agree well with the majority of sick children, but not with all. For children who are convalescent, unless they are very young infants, the above mentioned strength does not make very nourishing food, and arrow-root, prepared wheat, or bread, is usually added, according to the age and condi-

tion of the child. The animal broths are generally used only for the very sick. It has been found to be the case that in not a few instances of diarrhoea the proper regulation of the diet alone suffices to effect a cure when children are brought under the cool and invigorating influences of the sea air. Hence, in cases not immediately dangerous, cinnamon water constitutes the first prescription, both for simple diarrhoea, and for mild cases of entero-colitis. It has often been the only one, as in the following cases.

CASE 1.—M. K., aged 16 months, admitted July 18th. For two months past has had a diarrhoea, with, at times, bloody and slimy stools, without pain or straining. The child has had fever during her illness, and has vomited very frequently. She has recently been having about fourteen large, fetid, watery passages daily, containing much undigested food. She has been partly nursed and partly fed. She has seven incisor and four molar teeth. The gums are not swollen. She is wasted, but sits up in the lap, and is readily amused. Ordered f.3ss. cinnamon water every three hours, and no food to be given except the breast.

July 19th, 2d day. The child has had eight stools during the last twenty four hours, and seems better in every respect.

3d day. Four well-digested, uniform, yellow stools.

4th day. Three stools, of a greenish color, but child improving in every respect.

5th day. Three stools.

6th day. Two stools.

7th day. Two stools; one shown, a dark

yellow, not very thin. Discharged, at the request of mother.

CASE 2.—J. P. M., aged fourteen months; admitted July 20th, 1877. Has been sick two weeks, having from six to eighteen passages in twenty-four hours. The passages have been generally green, but at times contained much undigested curd. During the past week the child has vomited much and nursed little. There has been straining with the passages, much mucus, and at times blood. Has six incisor teeth; the gums are not swollen.

July 21st. General condition of the child is good; has had six stools in the last twenty-four hours. One shown, a large one, thick, and of a dark slate color, evidently the result of bismuth and opium, given the day before admission. Ordered cinnamon water, f.3ss every three hours, and breast milk only.

3d day. Two stools in last twenty-four hours, and child doing very well, in spite of extremely damp, foggy weather.

4th day. One passage, not thin, consisting of mingled green and yellow portions. Ordered condensed milk and Blair's wheat, in addition to the breast milk.

5th day. Three stools; dark, uniform yellow; a little thin.

6th day. Two stools; thick, yellow, but somewhat undigested.

7th day. Child is evidently increasing in weight. One passage, of good color; better digested than yesterday's.

Remaining notes show that the child continued to do well until it was discharged, perfectly well, August 1st.

CASE 3.—R. J. G.; male; aged seventeen months; admitted July 21st. The child was weaned at twelve months. Its bowels have been deranged for the last three months, but have been much worse during the past month. During this latter period has lost much flesh. He has been having from three to ten thin passages daily, varying in color from yellow to green and black (?) and containing much undigested milk. There has been some vomiting, tenderness of abdomen, straining, mucus and blood. During the past week he has had about six passages daily. He has eight incisors and four anterior molar teeth, but has not cut a tooth for three months. The canines are evidently a source of irritation. The child is so sick that on the recommendation of its physician the parents have brought it at once to the

Institution, without waiting for the necessary permission. Ordered condensed milk and f.3ss of cinnamon water, every three hours.

2d day. The child has had four passages during the last twenty-four hours, and is doing very well.

3d day. Three passages; still improving, notwithstanding constant fog, and water standing all around the cottage.

4th day. Three passages; yellow; not at all thin, but containing undigested curd. Child very cross. Not much change in teeth.

5th day. Has had three almost natural passages.

6th day. Has cut one canine tooth since yesterday. Has had three passages. A few aphthous spots on the gums. Ordered chlorate potash wash.

7th and 8th days. Each, one natural passage. Ordered bread and butter. Second canine through. Mouth unchanged.

9th day. Three passages, of bright yellow color; part well formed.

10th day. Mouth worse; four passages; thinner than yesterday. Ordered borax wash.

11th day. Mouth worse; four passages; natural as to color, but somewhat thin.

12th day. Mouth unchanged; seven passages; yellow, and not thin.

13th day. Four thick, uniform yellow passages.

14th day. Three healthy passages; mouth better.

15th day. Two passages; mouth still better.

17th day. Discharged, well.

CASE 4.—C. A. E.; male; aged nine months; admitted July 21st. Has been sick for past three weeks, having from four to eight large, thin passages daily. They were painless, but at times accompanied with straining, and once with blood. They contained much undigested milk. The child has been fed on bread, milk, crackers and corn starch. For the last few days he has been having six or more passages in twenty-four hours. Ordered cinnamon water, f.3ss every three hours, and condensed milk only.

2d day. Four passages in last twenty-four hours; child doing well.

3d day. Four passages. Last night had an attack of colic; relieved by eighteen drops of paregoric. The passage shown to-day healthy yellow; not watery, but contains undigested milk.

4th, 5th and 6th days. Each, four passages. Ordered Blair's prepared wheat to be added to milk.

7th day. Child very bright, and improving in general health constantly. Passages healthy in color, but not of uniform consistence.

8th day. Five passages; whitish, and containing much undigested milk. This change is probably due to the fact that yesterday was hot, and the child drank too much milk, as a number of cases show the same change.

9th, 10th and 11th days. Each, three passages, of better character.

12th day. Child seems perfectly well.

15th day. Child has continued well. Discharged.

CASE 5.—M. E. B., female, aged 12 months, admitted July 31st. Had an attack of diarrhoea about a month previous to admission, which lasted between one and two weeks, after which the bowels became constipated. One week since had an attack of vomiting and purging. There were from nine to twelve passages in twenty-four hours, light yellow in color, and watery. This attack has lasted, though diminished in severity, up to the present time. Had about six passages day before admission. Child has been nursed, and fed on boiled flour, oatmeal, and milk. Its general condition is good. Ordered cinnamon water and breast milk only.

3d day. Has had five passages in last twenty-four hours, and is doing well.

4th day. Three passages; natural in consistence, and of bright yellow color. Ordered condensed milk in addition to the breast.

9th day. Since last note, has been having two natural passages daily.

11th day. Discharged, well.

CASE 6.—E. E., male, aged 10 months; admitted August 6th. Child has been sick since the previous May, having from four to five watery, yellow, undigested passages daily, accompanied at times with straining, but no blood. During the past month the child has been sometimes better and sometimes worse than this. It is now having, on an average, five passages daily, but this morning has had eight. The child is much wasted, and sleeps poorly. It is nursed from a good breast. Ordered 3ss. cinnamon water every three hours.

2d day. Slept well last night.

3d day. Has had five passages, all in the last twelve hours.

4th day. Has had four passages. One shown, a large, thin, bright yellow, with some bright green particles, and small, undigested curds. There is no more straining. The child sleeps well and is improving.

5th and 6th days. Each, two passages, of same character as fourth day.

7th and 8th days. Each day one passage. Ordered prepared wheat and condensed milk.

9th day. Discharged, well.

CASE 7.—R. P., aged twenty-six months. Weaned at fourteen months, and fed on bread and milk, and "table food." Was taken sick about five weeks ago; since which time the diet has consisted chiefly of boiled milk, crackers, and beef tea. When first taken, she had from twenty-five to thirty watery passages daily, with some straining, pain, and tenderness of the abdomen. There was little blood, some mucus. During the past three weeks she has had from five to seven dark slimy passages in twenty-four hours. On the day previous to admission she had six such passages. Ordered cinnamon water, condensed milk, and prepared wheat and bread.

2d day. During the seventeen hours since admission the child has had but one passage, of yellow color, almost natural.

3d day. One light yellow passage.

4th day. Three light yellow passages, of natural consistence. Ordered bread and milk only.

5th day. Two natural passages. Child improving rapidly.

8th day. Since last note, one natural passage daily. Ordered rare beef and crackers, in addition to other food.

10th day. Discharged, well.

CASE 8.—T. O., male, aged four years. Admitted August 9th. Has had a diarrhoea, with but occasional relief, since last May. He has, at times, twelve thin yellow passages in twenty-four hours. Sometimes there is straining with the passages, and the preceding week they contained blood. Ordered cinnamon water, bread, toast and beef tea.

2d day. No passage since admission. This is the first occasion for twenty-five days, that such a length of time has elapsed without a passage.

3d and 4th days. One passage each day.

5th day. Two passages.

12th day. Has had one passage daily, for the past week. He is improving in every respect.

His appetite is marvelous, and he eats a great variety of food without injury.

14th day. Discharged, well.

While these cases are but a few out of many of a similar character, there were many others in which it was necessary to resort to other plans of treatment. Hence, brandy, bismuth, chalk, mercurials, and vegetable astringents were frequently made use of, with marked advantage. Still other cases showed no improvement under any treatment, while a few died. The statistics for the past summer, in this respect, are as follows: 73 children under three years of age were admitted, suffering from some form of diarrhoea; 59 of these were discharged well, 10 were discharged improved, 2 were not improved, and died soon after their discharge; and two others died in the Institution.

In the foregoing remarks, no distinction has been drawn in regard to the different forms of diarrhoea, as practically nearly all forms seem to be equally benefited by a change to the seashore. One of the fatal cases was a case of dysentery in the child of a Cuban, whose family nearly all died of that disease. It died twelve hours after admission. The other three fatal cases were cases of enterocolitis. The majority of cases which improved or recovered were also cases of enterocolitis. Cholera infantum, properly so called, was seldom met with. This is to be accounted for by the fact that the applications for admission were so great that few could be admitted immediately upon application, and consequently such cases would either die, recover, or pass into cases of enterocolitis, before they could be received. From what I have seen of this form of diarrhoea at the seashore, I believe that no place is better suited for its treatment.

Many factors enter into the good results derived from a summer residence at the seashore. The principal ones are as follows: First. The moderate temperature. Second. The tonic effects of the sea air. Third. Its soporific effects. Fourth. The beneficial effects of sea bathing.

The breezes coming from the ocean in summer have a much lower temperature than the land atmosphere. This sea breeze prevails on a large majority of the days during the hot weather, thus making the average summer temperature much lower at the seashore than further inland. On some days the difference is most marked, and few

have failed to experience the relief afforded by the first breath of sea air, after spending a hot day in the city.\* Even when the days are hot, the nights are generally cool. To the invalid, the relief thus afforded from the depressing influence of excessive heat is marked in all cases, but especially is it so in the summer complaint of children, in the development of which heat plays so important a part.

Several elements combine to produce the tonic effect of the sea air. Among these are, perhaps, the following, viz.: First. The presence, as shown by Schönbein, of a large amount of ozone. Second. The atmosphere, being denser at the sea level than at more elevated points, contains, in a given space, a larger amount of oxygen. Third. As a large portion of the breeze comes from the sea, the air contains but a small amount of the deleterious products of decaying vegetable and animal matter; and Fourth. The saline particles held in suspension in the atmosphere, the "dust of the ocean," enter the system through the lungs, and perhaps aid in the tonic effect. But whatever may be the cause, the effect is undoubted. Few who visit the seashore fail to experience a marked improvement in appetite, while to some there comes an intense craving for food, which it seems impossible to satisfy without indulging to an extent bordering on gluttony.

Few of all the children who have been admitted to the institution have failed to show, almost immediately, this increase of appetite, and it is, indeed, no exaggeration to say that the effect of the sea air, in this respect, has been more uniform, and more powerful, than that of any therapeutic agent which I have ever used.

A very grateful effect of the sea air upon the invalid is the influence which it frequently has in inducing sleep. Many sick children brought to the institution have slept the first night better than for many nights before. The weariness from the journey has doubtless had some little influence in these cases, but the effect continued. Many, even of those who are not invalids, feel, after a few days' stay at the seashore, unusual drowsiness in the daytime, and the afternoon nap becomes an almost irresistible luxury.

\*On one occasion the thermometer stood at 100° in Philadelphia at noon, and at sundown, at Atlantic City, without any storm, overcoats were necessary for the comfort of those who faced the steady sea breeze,



Sea bathing, besides having all the beneficial effects of an ordinary cold bath, has others peculiar to itself. The contact of the salt water, and of the salt which adheres after the water left by the bath has evaporated, stimulates the skin, increasing the circulation and exciting the perspiratory glands. The beating of the waves against the surface of the body affords a passive exercise, with some of the advantages of "massage." While to the more robust, a healthful exhilaration and delightful active exercise is furnished by the plunge through the waves, and the vigorous movements constantly required while in the surf.

It may not be amiss, in this paper, to offer a few hints in regard to the management of sick children at the seashore.

The place selected for the residence of the child should, between the first of July and last of September, be as near the surf as possible; as has already been stated the mild temperature depends largely upon the sea breeze. Places situated at a distance from the beach cannot always be as cool as those closer to it. If, when the sea breeze is moderate, one approaches the ocean through a seaside town by an avenue running at right angles to the beach he will at some point have the impression of entering a cool stratum of air, and the milder the breeze is the nearer the ocean will this stratum be met. At times, when a mild land breeze is blowing, there will be found a marked difference in temperature between the atmosphere at the water's edge and that one hundred yards from it. At other seasons of the year than during the period mentioned, this proximity is not so necessary, and on account of the greater dampness it is often not desirable.

The clothing of the child should be suited to its changed residence, and to the changes of temperature which take place from noon to midnight. This fact is mentioned because it is not an uncommon thing for infants who have been perfectly well in the city to be attacked with dysentery or enterocolitis upon coming to the seashore. They have been perspiring freely in the city, and not only is the perspiration checked in the cooler atmosphere, but the surface is actually chilled by exposure on the beach to the steady cool wind, or by insufficient cover at night.

Little change need be made in the food of children on coming to the seashore. The advantages claimed by some for a largely

marine diet have, probably, been over-estimated, and much blame even has been attached, by others, to fish, oysters and the like, for the frequent disorders of the digestive apparatus from which adults suffer at the seashore. Doubtless, however, some of this blame should be attached not so much to the particular kind of food, as to the excess of food of all kinds, taken without proportionate exercise.

The diet furnished the inmates in the Children's Seashore House has been of the most varied and substantial character, and the children able to take exercise have been allowed to eat as much as they wanted, and yet disorders of digestion have been rare among them.

From the above it will be seen that importance is attached to the matter of exercise. Children able to take it seldom need much urging, though the want of it among adults probably interferes with much of the benefit which would otherwise be gained.

Of the various forms of exercise for very young children, next to the walk in the nurses' arms, should be recommended the drive upon the beach. The perfectly even surface renders it possible, in this way, to take quite a sick child into the open air, often with the greatest benefit. One of the very best forms of exercise for sick children is playing in the warm, dry sand. It should be both warm and dry. It is to all children an unceasing source of amusement, and the harmless character of their little falls when in it often encourages them to efforts which they would not otherwise have the courage to make. I cannot help the conviction that to this form of exercise is, in some measure, due the improvement which took place in two or three cases of infantile paralysis admitted to the Institution.

As the questions most frequently put the physician at the seashore relate to the subject of bathing, I shall conclude this paper with a few hints upon this subject.

The rules which apply to bathing in general, also, of course, apply with even greater force to sea bathing. The best time for taking the bath would doubtless be just before high tide. At that time the water has been somewhat warmed by passing over the hot sand. Moreover the bathing is safer, from the facts that the tide still coming in would tend to wash the bather to the shore, if he should lose his foothold, and as the water covers a portion of the beach which was exposed to

view a few hours before, there is less risk from dangerous holes and quicksands. But as this time varies from day to day, and it has been found more convenient to bathe at the same hour each day, custom usually fixes the bathing time at each place with proper reference to the hours for meals.

In order to answer several of the questions which naturally arise, it is necessary to recall the phenomena of the cold bath. They are as follows: On entering the water there is a shock, accompanied by a sensation of chilliness and shivering, the skin becomes pale, there is respiratory embarrassment, and a feeling of fullness in the head. Next follows a reaction, in which all these symptoms are relieved, and there is an agreeable sensation of warmth. If the bath is prolonged beyond what the system will bear, there follows another sensation of chilliness, the teeth chatter, the fingers and lips become blue, sometimes even nausea and vomiting follow, the respiration becomes irregular and rapid, and the pulse weak and small. In the ocean bath each wave reproduces in a less degree the first shock, followed by the reaction, and at the same time hastens the development of the second chill.

From a consideration of these phenomena it would appear that the proper duration of the bath is a period short of the second chill, and it is evident that the length of this period must depend upon the temperature of the water, the strength of the patient, the force of the waves, and a number of other circumstances. A Paul Boynton might remain in the water unharmed, perhaps, for hours, while for a delicate child a single dip is sometimes quite sufficient.

During four years about three thousand ocean baths were given to children of the institution, without any injury. It has been the rule to allow these children to remain in the water on an average of five minutes. They are directed, on entering the water, to wet their heads, and advance to a point where, when in a stooping position, the waves will break over them. Immediately after a bath they dress quickly, and then resume their plays in unexposed places. The delicate are allowed to bathe but twice or three times a week. Those having disease of the heart, or surgical troubles liable to be increased by a severe blow from a wave, and the extremely young and weak, are not allowed to bathe at all. No child who dreads the ocean

ought ever to be forced into the water. It is hard to conceive of a more inhuman practice than that of taking little infants, screaming with terror, and dipping them time after time under the waves. Where an infant enjoys an ocean bath, as some do greatly, there can be no objection to its having it; if given with judgment. For those children who cannot take the ocean bath, the heated salt water bath furnishes a most excellent substitute. It, too, is tonic in its effects, but far less so than the bath in the open sea. It will be found useful in all the diseases in which heated fresh water baths are beneficial, except, perhaps, in some diseases of the skin. But beyond the fact that the salt renders it more stimulating, I have not yet seen any evidence that it differs from the fresh water bath in any important respect, as a remedial agent.

332 S. 15th St. Philada.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DACOSTA, JAN. 12th, 1878.

Stenographically reported for the MEDICAL AND SURGICAL REPORTER.

#### Chrysophanic Acid in Chronic Psoriasis.

GENTLEMEN:—This is a case to which I would like to call your attention, because it illustrates several important points in the treatment.

James B., 27 years of age, is a teamster, and was born in this State; he never had syphilis, according to his statement. He was under treatment in our wards for three weeks, early in the winter, for a chronic disease of his skin, and improved so much that he left of his own accord, to return to his work. He now returns to have the cure completed. When he was first admitted, in October last, he was suffering from chronic scaly eruption, involving almost the entire body and extremities, which had lasted more than ten years. He believes that originally he contracted it from a male (friend) who had a similar affection. The eruption originally appeared during warm weather, upon his scalp, and his hair began to fall out. In the course of a few months the disease disappeared from the scalp, and the hair grew in quite thick during the following winter, but shortly afterward his legs were attacked, and the disease has remained there ever since. Nearly two years before admission the surface of his body and his arms became affected; this also during the warm weather. There had never been any disease of the face, except on the forehead at the roots of the hair, and his scalp had been free for eight years, when, two years ago, he noticed several spots behind his ears, which subsequently spread, and the entire

scalp was now again invaded. The eruption was scaly, from the first, appearing originally in the form of a papule, and then spreading and scaling, the skin becoming thickened, fissured, and raised in its progress. Where the epidermis had peeled off, the general surface was seen to be dark red, from congestion, but dry. It itched so badly as to prevent him from sleeping at night.

He improved greatly during his three weeks' stay with us, but neglected himself after leaving the hospital, and now applies for readmission, the disease having measurably returned in the parts formerly affected.

When I first saw him, he had been under treatment for some time, and had been using many remedies, with varying success. He had been taking arsenious acid, in the form of Asiatic pill, where it is combined with black pepper; and, indeed, all the remedies that we are accustomed to give in chronic psoriasis—for such is the name by which this malady is known—but all to no effect. He had faithfully applied the alkaline green soap, so much used by Hebra in Vienna, but, as I told you, the success of this treatment was slight. When I first saw him, his whole body, both back and front, and his extremities, except part of his face, looked like a mass of thickened, reddened skin; and it was only in certain parts that the characteristic spots of psoriasis were discernible. Now, I have told you of the extent of this disease, and I have also told you of the remedies employed. Finding that the ordinary agents were of no use here, I determined to make use of a remedy that I had seen highly recommended in some recent English journals—chrysophanic acid. The effect was most striking. The scales disappeared, and the general appearance of the skin was immensely improved.

When the patient left the hospital, November 14th, the following note was made of his condition: "The skin was decidedly better, and shows nearly a normal surface. Treatment has been followed by very marked results. The skin upon his chest and arms has nearly recovered its normal color, and the spots on the legs below the knees are pale and apparently healing. The skin feels softer everywhere, and there is very little tendency to scaling. Patient considers himself almost well."

He comes back this morning; although not so well as before he left, he is still conscious of great improvement, and returns to have the same treatment pursued. We shall direct him to take off his clothing, and examine the case thoroughly together, before determining whether the remedy that did him so much good shall be again employed.

Here, then, is a remarkable case of chronic psoriasis, a most extensive instance of the disease. Here you have the thickened mass of skin covered with scales, involving the trunk and extremities, scattering into spots on the forearms and legs. You might be at a loss to determine the character of the eruption if you studied it solely on the body, but its nature is evident from the isolated spots on the

extremities, that exhibit the characteristic appearance of the disease. His chest seems comparatively exempt from the eruption, but the back is entirely covered, from his scalp to below his knees, where the specific characters of psoriasis are lost, on account of the general thickening of the skin and the masses of scales. He is not as bad as when he first made his appearance, for then the chest was covered; and here the beneficial effect of the treatment was most marked.

Now, as to the details of treatment. I shall direct him, merely for the purpose of cleanliness, to take a warm bath daily, in which he shall remain for fifteen minutes, and the surface afterwards shall be thoroughly dried. The water might be made slightly alkaline, by the addition of half an ounce of carbonate of potassium to the amount of water in his bath. This shall be used each morning. We shall then give him, as the only other treatment, chrysophanic acid in simple ointment, in the same strength as before (3ss to 3i), rubbed thoroughly in at night. If the case progress as well as before, we shall rapidly see good results from the treatment, and after a few applications, you shall see him again, from time to time, and watch the effects of this potent remedy. We will caution him against getting any of the ointment in his eyes, as we have discovered, by experience, that it will produce a conjunctivitis if this accident should happen.

#### Diabetes Insipidus Cured by Ergot.

The next patient, Joseph H., twenty-one years of age, is one of more than ordinary therapeutic interest. He was shown to you once before, and lectured upon, during the height of the malady. He is now well, and ready to leave the hospital. As you will remember, when he was before you he was in poor health, and was passing ten pints of urine daily. One peculiarity about the case was that he always declared that he passed more water than he drank. This we inquired into, and had the fluids (including milk, tea and soup) carefully measured from day to day, and ascertained that these did not exceed six pints, although five was the ordinary amount, and of late he has only been taking four pints. His observation was then apparently confirmed, that, except when he took a dose of cathartic medicine, he was constantly passing rather more water than he drank.

It will be remembered that this trouble began, without any evident cause, last May, while he was apparently in good health; he simply noticed that he was passing a good deal of urine, and that he had to rise for this purpose several times in a night. For a few months preceding admission he had fallen off rapidly in weight, but had no obvious malady. He had never received any injury to the head, and had never been sunstruck. Although the patient had been uniformly healthy until this sickness, it might be mentioned in this con-



nection, that he had a family history of phthisis, his mother having died with pulmonary consumption, and his father of some acute disorder following a cold.

He also complained of irritability of the neck of the bladder, for which he had received treatment at a hospital (not this hospital), but upon repeated examination nothing was found to account for the irritation and sense of burning which he complained of.

This case has been carefully observed. We first established the fact that he did pass this amount of water, before exhibiting our remedies. His urine was measured for several days, and we found that he was passing from eight to ten pints daily, and sometimes even more than this. The urine was examined with care. It was acid, of low specific gravity 1.005; it did not contain a particle of sugar, and was entirely free from albumen. We therefore recognized it as a case of diabetes insipidus, as it is generally called, or polyuria, as it is sometimes designated. The passage of these quantities of urine, for a length of time, containing no sugar and no albumen, is the characteristic feature of this disease, which is often found in combination with disorder, or actual disease, of the nervous system. This disease of polyuria, or diabetes insipidus, is one which is extremely difficult to eradicate.

I merely recall these facts, that you may fully understand what has taken place in the case before us. Having, by several days' observation, established the fact that he was troubled with this malady, and apparently, also, the truth of his statement that he passed more water than he drank, we were prepared to place him under treatment. We began on the first of December, and directed him to take the fluid extract of ergot in one-drachm doses, three times daily; subsequently increased to four doses; and for five days he took six drachms in the twenty-four hours. The effect was most marked. The amount of urine rapidly and steadily fell to five pints, then to three pints, but before he had got down to the normal quantity, we reduced the ergot, and afterward stopped it altogether, and placed him on a little peppermint water; not so much, however, for its stomachic as for its mental effect. He has now been on this supplementary treatment for two weeks, in which no ergot whatever has been given, and I can give you the gratifying information that the effect has been permanent. Since his recovery he has undergone an operation for phimosis, performed by our resident physician, Dr. Fisher, and has made a complete recovery. Since the operation, the irritability of the neck of the bladder has entirely disappeared, and he now leaves the hospital perfectly well.

Now, is this a recovery? I think it is. He has gained in flesh and strength, and for the last three weeks he has passed only three pints of urine daily. In the other cases that I successfully treated by this remedy, I advised the administration of cod-liver oil, as a general

nutrient. I have had complete success in three other cases by this treatment, one of which came back a year afterwards to this hospital with a broken leg, but never had any return of the polyuria. We shall direct this patient now to take half an ounce of oil, two or three times daily; and ask him to report himself if there should be any return of the symptoms.

#### Medical Treatment of Chronic Pleurisy—Removal of a Large Effusion by Jaborandi in Less than Three Weeks.

I appear to be giving you this morning, what might be called a clinic of new remedies; and this is a case in which a new remedy was exhibited with most beneficial result. The patient, John L. C., is a weaver, 23 years of age. Last summer he was much exposed to wet at the seashore, and although up to that time in good health, he has since been subject to occasional pain in the left chest, difficulty in breathing, and a slight cough. While at his work he was obliged to press his chest against a beam, and finally, he found, about three months before admission, that he was compelled to stop work and seek other employment, on account of great tenderness and pain in his left side. He had not been confined to his bed. Shortly after this, he found that he could not lie upon his right side, the dyspnoea became more urgent, and he had some mucous expectoration, tinged with blood. He then sought admission into the Episcopal Hospital, where his chest was aspirated, about five weeks before he came under our care. He tells us that the left side of the chest, in the posterior axillary line, was the point chosen, and that five pints of clear serum were drawn off. Before this operation, he had been suffering from daily chills, but they did not return again until he came to us, five weeks after the tapping, when he told us that he had a chill that morning. The oppression and pain was also relieved by the operation, and he was discharged eight days before entering our ward, being apparently in good health and anxious to go to work.

Now, gentlemen, there had been some return of the symptoms, notwithstanding the aspiration, for he tells us that soon after the fluid had been removed, and though he was placed upon appropriate treatment, shortness of breath and pain, and all the signs of pleuritic effusion manifested themselves. The chills returned, and when he was received into the ward his temperature was 101°, and he was evidently quite sick. We found him, on coming into the ward, lying on his left side, suffering from pain and dyspnoea, and some fever, his left chest full of fluid, and in a very miserable condition. I was tempted, after examining him, to aspirate him again. This was the first thought that occurred to me. The effusion was in the left chest, displacing his heart to the right, and he urged the operation himself, with the statement that he was much relieved by the previous aspiration.

But I must tell you that after aspiration, in



chronic pleurisy, the fluid is apt to return, and after several aspirations the fluid may change in its character and become purulent. This has been noticed particularly by several French clinicians. Partly from these considerations, and partly with a view of trying the therapeutic effects of jaborandi, which seemed to me to be likely to effect good, I placed him upon a drachm of the fluid extract of jaborandi, four times daily, with the effect which you will now learn. First, the temperature has again declined and is now steady between 98° and 99°, and has been at this for more than a week; the chills have passed away; the pulse and respirations are almost normal; he breathes twenty times in the minute; his pulse, as he stands before you, is a little more frequent, 96 in the minute, but in the ward it is 86, and has not been higher for several days.

Now, as regards the present physical signs. We find that we obtain no dullness on the right side, and none on the left, except at the very lowest part of the chest. I can hear the respiratory murmur very distinctly below the left scapula, but there is feeble respiration below. I may tell you, therefore, this morning, that the effusion has almost disappeared. Measuring the chest, we find but little difference between the two sides, only a quarter of an inch, which is practically no difference at all.

While this treatment has been going on, the patient has been sweating profusely, and I may say that the larger quantity of this effusion has passed away by the skin, therefore, from the effect of the remedy, whose influence is shown in its diuretic and diaphoretic action when it is acting as it ought to act. The effect has been most gratifying. This man has been relieved, and I think that the relief is permanent; for, if you can remove a fluid by medical treatment, it is generally not likely to return.

I do not tell you not to resort to aspiration or surgical interference; I resort to it largely. But when you can remove the effusion by medical means, the result is generally, in the long run, more satisfactory; and I make it a rule to try them first, and with some persistency. Here they were successful. I have shown you this case to illustrate the therapeutic value of a new remedy, jaborandi, in a new application.

[It should be added that this case progressed to a perfect cure, the effusion became entirely absorbed, and the patient, after being entirely well for more than a week, was discharged, to return to work, January 19th, 1878.]

#### Case of Well-marked Cerebral Disease for Diagnosis.

I had intended to finish my remarks this morning with the discussion of a most intricate and interesting case of disease of the brain, which now is being carried into your presence, but the nearness to the close of my hour will only permit me to furnish you with some of the prominent points, postponing discussion upon them until next Saturday, when I will elaborate the points which, this morning, I shall only

allude to. He is thirty-five years of age, and previous to last July was in good health. He had chancre five years ago, but he denies having any of the symptoms that we are inclined to consider as the secondary results or manifestations of syphilis. Before this sickness came on, he, being a delegate to a political convention, was drunk for a week—while making laws—and was obliged to take to his bed with agonizing headache and attacks of vomiting. This occurred, as before incidentally remarked, during hot weather in the month of July. The headache never left him, but started as an early symptom in the case, and remained until his entrance into the ward. We could not get any connected history from him, on account of his condition, and this mental dullness may be set down as one of the symptoms of the case. The headache has been accompanied by progressive disturbance of vision, which lately has become seriously impaired, and the globes of the eyes are, as you will notice, very prominent.

This man is a great sufferer, but he has not been delirious, although he has some strange notions at times. He is unable to walk; indeed, he cannot even stand, unaided, even with the feet widely separated. The grasp of his hands is feeble, and especially feeble is the grasp of the left hand. Peculiar muscular spasms, associated with more or less trembling, go to make up the features of what, you can see for yourselves, is a serious case of brain trouble. In order to enable you to make up your minds, understandingly, as to what is the matter with the man, before our next clinic, I will add that his temperature is normal, and that ophthalmoscopic examination of the eyes reveals marked choking of the optic disks. It must, in conclusion, be stated that the urine has been repeatedly examined, and found to be entirely free from either sugar or albumen.

This places the clinical features of the case completely before you, and you may now consider the diagnosis of the nature of this brain disease until our next meeting.

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

#### Intestinal Obstruction.

Dr. Monmonier related a case of intestinal obstruction. The patient had been exhibiting the symptoms usual in such cases for several days, and after the failure of all the ordinary therapeutical measures in the hands of the medical attendant, he was called in, and found a globular mass to the left of, and in the region of, the umbilicus; patient was vomiting, etc., but the pulse was good. He advised an operation, but the friends objected, and the patient died in less than twelve hours. A limited post-mortem was allowed, which showed that a portion of intestine and omentum was

pushed through the great omentum. He does not know that an operation at the time at which he first saw the patient would have saved his life, but he believes that it would have done so, could it have been performed earlier. He regards operation in such cases as imperatively indicated, and deprecates temporizing.

#### Strangulated Hernia.

Dr. Monmonier also related a case of strangulated hernia, in which it was necessary to operate. The sac contained omentum, a portion of which had lost its vitality, and intestine, which was twisted upon itself. The attempts to untwist the gut were ineffectual, in consequence of slight adhesions, until the ring was freely dilated. The contents of the sac were then returned to the abdominal cavity, with the exception of the small devitalized portion of omentum, which was removed. A week has elapsed since the operation, and the patient is doing well.

#### Salicylate of Soda.

Dr. Caldwell related a case of acute rheumatism, in which nearly all the joints were affected, the heart excited, pulse 120, and considerable fever present. He administered the remedy after the method of Dr. Alonzo Clark, by which the salicylate of soda is made extemporaneously, through the combination of salicylic acid and a soda salt in solution in glycerine and water. In two days the fever had disappeared and the pulse had fallen to 90 per minute.

Dr. Lynch preferred the salicylate of soda, as it is found at the pharmacists, to the extemporaneous preparation. He uses it in one-drachm doses. He does not regard the remedy as antirheumatic, but as antipyretic, and thinks that all the benefit to be ascribed to its use is in consequence of this antipyretic influence. He does not believe that it has been correctly credited with anti-zymotic powers, such as is possessed by quinia or salicylic acid. He has been using quinia in cases of rheumatic fever, for its antipyretic influence, since 1864, with equally as good results as may be obtained from salicylate of soda, and, indeed, prefers the quinia.

Dr. C. C. McDowell related a case of acute rheumatism, in which but two joints were affected, and the temperature was not very high. Salicylic acid was administered, but with results so undecided that recourse was had to alkalies. He observed in this case no antirheumatic effects of the drug.

Dr. Seldner's experience in a case of pelvic cellulitis, in which he used the drug as an antipyretic, was unsatisfactory, and he obtained better results from quinia.

#### Menstruation During Pregnancy.

Dr. C. C. McDowell related a case of menstruation during pregnancy (supposed). The menses had failed to appear at the regular time, and in about six weeks from their last occurrence a digital examination discovered that the

womb was larger than normal, and of a more pyriform shape. Shortly after he was called to her and found extrusive pains and hemorrhage present; rest, opium, etc., were ordered, and in about ten days the patient was able to leave her room. In twenty-nine days he was called again, and found the same condition present, and under similar treatment she left her room in about a week. In thirty days was again called, and found her suffering as before. Similar treatment enabled her to leave her room in less than a week. During this time the abdomen had been increasing in size, and the woman stated that she could feel the uterus through the abdominal walls. Auscultation had not been practiced, but he regarded the case, from the various symptoms present, as one of pregnancy, and not of rapidly developing tumor, etc. He had seen other cases in which menstruation had occurred the first two or three months of pregnancy, but none in which the hemorrhage had been so free.

Dr. Seldner did not think the diagnosis of pregnancy fully established, which was admitted by Dr. McDowell, who claimed only probability.

Dr. Lynch stated that there is a test for pregnancy now presented, in which the thermometer is used. If the temperature be taken in the rectum and in the cervical canal of the uterus, if pregnancy exist, the uterine temperature will be 1° Fahr. higher than the rectal. He recommended to the Society that the statement be tested.

Dr. Caldwell thought the test to be a rational one, because of the increased nutritive changes taking place in the uterus, but thought that intramural growths, etc., would give the same results.

Dr. Lynch did not agree with him in the latter respect, but regarded metritis or endometritis as a possible source of fallacy.

#### Epulis.

Dr. Brown brought before the Society a patient, upon whom he had operated, with the following history: The man, aged fifty-five, received, about one year ago, a blow over the right inferior maxilla with a piece of iron. Soon after he noticed a swelling of the gum, and two teeth were extracted by a dentist, who supposed the swelling to be caused by a dental abscess. The tumor continued to grow, however, and was diagnosed by Professor Smith, an epulis. Dr. Brown regarded the tumor as malignant, and advised its removal, which was effected by an incision commencing to the left of the median line of the chin, descending in a curved line to the inferior margin of the maxilla, and passing backward to the ramus. The bone was then nicked with a saw, and the diseased portion broken away. The flap was restored to its place, and, notwithstanding the extent of surface made bare, healed by the first intention. The line of incision is hidden by the beard, and the patient suffers little or no deformity.

**Pyæmia.**

Dr. Wilkins related the following case: A woman, aged 48, was seized in the evening with a chill, followed by fever and sweating; this occurred the next evening also. Suspecting quotidian intermittent, quinia in free doses was administered, with some benefit. On the third day the fever became continuous, the patient markedly jaundiced, the heart's action irregular, and intermittent, and the joints painful. On the fifth day the tissues of one eye became generally involved, and Dr. Chisholm, who saw the case in consultation, regarded it as acute fatty degeneration of the ocular structures. Death occurred in one week from the onset of the attack. The doctor attributed the death to pyæmia.

Dr. Lynch differed from him, regarding the case as one of acute yellow atrophy of the liver.

Dr. Wilkins claimed only probability for his diagnosis, and regretted his inability to have confirmed it by a post-mortem.

**Craniotomy.**

Dr. Seldner related a case of craniotomy upon a patient of Dr. Welch. The woman was the mother of two children, but in both cases the labor had been tedious. When first seen the uterus was tetanically contracted. It was found, upon vaginal examination, that the conjugate diameter of the pelvis was but two and a half inches; the foetal head large and thrown forward, resting on the crest of the pelvis. The funis was protruding from the os, and showed no pulsation. Deeming the use of the forceps in this case to be out of the question, version was performed, the body and arms delivered and craniotomy had recourse to. The doctor afterwards explained, in answer to Dr. Arnold, that version was done in order to avail of a chance of delivery in that position, and also to fix the head in the event of craniotomy being necessary.

**Cancer of the Tongue.**

Dr. Monmonier related the case: The patient was first seen about one year ago, at which time the growth was small and confined to the anterior portion of the left side of the organ. Recognizing the malignancy of the disease, he advised its immediate removal. The patient declining operation he was lost sight of until two weeks ago. The disease had in the meantime spread to such an extent that two thirds of the tissue of the tongue were involved. It not being considered practicable to remove the tumor through the mouth, an incision was made through the floor of the mouth, the tongue drawn through and removed by the cæraseur. The patient has returned home with the power of deglutition perfect, although articulation is, of necessity, impaired.

**Diphtheria.**

Dr. Arnold stated that he had recently attended, in one family, five cases of diphtheria, occurring consecutively (he mentioned the

number to show the virulence of the disease). Of the five he lost one, and in this case the disease involved the larynx. In the others, although the disease was severe it did not involve this organ. The point he desired to establish was that when the larynx is not involved, the danger from diphtheria, in most cases, is not very great.

Dr. Lynch said that his experience confirmed this view. He believed that the establishment of cinchonism early in the disease is preventive of this invasion of the larynx, and that since he adopted the quinine treatment his proportion of fatal cases had been much smaller.

**Action of Ergot on the Uterus.**

Dr. C. C. McDowell related a case of a woman who had never borne a child, to whom ergot had been given for the relief of hemorrhage. The administration of the drug was followed by violent expulsive pains. He related the case to sustain the opinion that ergot has an influence upon the unimpregnated uterus, and over that which never has been pregnant.

**Scarlatina, etc.**

Dr. Lynch related a case which he thought would bring out three points, viz, the concatenation of misfortunes to which some people are subjected, the wonderful and unexpected vitality exhibited, and some points in treatment. On December 20th he was called to see a boy, six years old, suffering with scarlatina; very sore throat, and temperature 106°. The case got along very well, and the doctor was about to discharge it, when symptoms of violent nephritis set in. The urine was loaded with albumen, and hematuria also existed. Under the microscope fibrinous tube casts were seen. The patient became rapidly anasarca, and the anasarca being excessive resort was had to severe purgation with elaterium; this benefited the patient, and three days after the doctor again resorted to it, when uræmic convulsions supervened. Five minims of Magendie's solution were administered hypodermically, and in six or seven minutes the convulsions ceased. As the anasarca was still present, fl. ext. jaborandi (Zss.) was used. This produced profuse perspiration, and relieved the dropsy. Several days subsequently the boy was attacked with a most violent pulmonary congestion; there was a very severe, almost constant, cough, with expectoration of bloody, frothy mucus. The pulse was too rapid to count, supposed about 200. Owing to the feebleness of the patient, and his dropsical condition, bloodletting was inadmissible; veratrum viride, in ten-drop doses every half-hour, was resorted to, one-sixth of a grain of morphia having been previously administered hypodermically, to prevent the prostration and nausea produced by the former drug. After four doses the pulse was reduced to 50 per minute. Under the use of wine, iron, spt. mindereri, etc., the patient recovered. A few weeks ago, by mistake, one ounce tr. opii was administered to the child for vin. ferri



amari. The mistake was discovered early, and the doctor administered the ordinary remedies, and the child is now well. Dr. Lynch spoke of the value of morphia in uræmic convulsions, and of veratrum viride in pulmonary congestion, and his opinions concerning the great efficacy of the drugs in these cases he had repeatedly verified.

Dr. Erich asked whether the doctor had not seen the toxic effects of veratrum manifested when exhibited in such large doses.

Dr. Lynch said he had seen such a result in the first case in which he had used it. He commenced with four-drop doses, and increased by one drop every hour until he reached ten drops. The most alarming prostration followed, but the patient recovered rapidly from the pneumonia for which it was administered. When veratrum is preceded by morphia, the nausea and extreme prostration are not likely to ensue.

#### Bright's Disease.

Dr. Evans was consulted by a gentleman visiting the city who was suffering from extreme anasarca. His disease had been diagnosed as Bright's disease, by a physician in Virginia, and he had been under treatment for it. Nitric acid and heat showed that about two-thirds of the urine in the test tube was albumen. The doctor regarded the case as necessarily fatal, but to palliate he administered tincture ferri chloridi, in half-drachm doses, and half-ounce doses of Rochelle salt every three or four hours. The patient's appetite was good, and in an upright position he could sleep well. In three weeks the swelling had nearly disappeared, but the urine was still albuminous. In this condition the patient returned home. In five or six months the doctor was consulted, by letter, by the gentleman's physician, asking the details of treatment, which were given. About five or six weeks ago the gentleman presented himself again. There was a slight amount of anasarca, but the urine exhibited, after several different tests, not a trace of albumen. The treatment was continued in diminished doses.

Dr. Lynch asked whether the microscope had been used as a test in this case, and upon receiving a negative answer remarked that there are cases of albuminuria that are by no means Bright's disease, and that the microscope is a necessary test, unless the rational symptoms are unequivocal. Dr. Lynch had a case in his clinic some time since, of a young man whose urine, chemically and microscopically, gave unmistakable evidence of organic renal disease. Iron was used unsuccessfully, the patient becoming worse. Having seen an article in the *American Journal of Medical Sciences*, upon the use of potass. iod., in large doses in this disease he resorted to it. Thirty grains three times a day were ordered, and a warmer climate recommended. The patient went to New Orleans. The drug was persisted in for a while, stopped and recommenced. Some time after this he presented himself again at the

clinic, and not a trace of his disease could be discovered.

Dr. Evans wished to state, in addition, concerning the case he had related, that previous to his seeing him he had fallen overboard, had had an attack of rheumatism (acute), succeeded by the renal disease.

Dr. Erich thought there was a possibility of one kidney only being diseased, and this being arrested, by treatment or otherwise, the other kidney performs the functions of both, and the patient's health does not suffer materially.

Dr. Arnold had not been so fortunate with his cases. It is a well known fact that Bright's disease is liable to fluctuations, which are sometimes very flattering, but delusive. Bright's is invariably a bilateral disease, and he thinks this is established by its great mortality. There are many diseases that produce albuminous urine, as cardiac disease, diphtheria, venous stasis, from any cause which will secondarily produce renal congestion, etc. He thought Drs. Evans and Lynch's cases were not Bright's disease, but desquamative nephritis, from which patients may recover, as there is no tissue disorganization or degeneration. The chemical test alone is not sufficient to establish the existence of Bright's disease, as there are not only other diseases that produce albumen, but there are numerous sources of fallacy, unless the examiner be very expert. Apparent recoveries from Bright's disease are recorded which are not really recoveries, for the patients die of some of the results of it—as pleuritis or inflammation of other serous membranes. He regarded the iron treatment as the most promising. He related a case of acute oedema of the lungs, a consequence of Bright's disease, in which the first symptom that attracted attention to the kidneys was hypertrophy of the left ventricle, without valvular lesion.

Dr. Lynch agreed that recovery from Bright's disease is very rare, but believes that cure does occur occasionally, and that the prospects for this termination are in inverse proportion to the age of the patient. The only cure that he had seen, of marked Bright's disease, was the one related above; the patient was aged about twenty. It has now been twelve months since his return to the city, and the urine has been repeatedly examined, chemically and microscopically, but without the discovery of evidence of renal disease. In children suffering with the desquamative nephritis consecutive to scarlatina proper treatment nearly always relieves entirely.

Dr. Erich still believes that one kidney only may be affected.

Dr. Cathell stated that Dr. Garrod claims that invariably both are affected.

Dr. Lynch said that Dr. Harley, of London, who has given special study to this matter, and whom he regards as the best authority, states that post-mortems sometimes reveal that one kidney only was diseased, but that these cases are very rare.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

## The Use of Venesection in Convulsions.

At a late meeting of the Clinical Society of London, Dr. Broadbent read notes of a case of convulsions treated by venesection. A gentleman, aged about forty-one, who had had syphilis when young, and twelve months before had received a severe injury to the head, and was supposed to have had fracture of the base of the skull, had an attack of convulsions, while in bed, early in the morning of July 23d, 1877. On the 25th he said he had suffered a little from headache, but was then quite well, but while in conversation momentary suspensions of consciousness were observed, and there were present on the forehead and chest innumerable capillary extravasations. He had always lived generously, but without going to excess, and had recently resumed his usual habits after long care and abstinence, rendered necessary by the injury to the head. About 2.30 or 3 A.M. on July 26th the patient was again seized with convulsions, which continued to recur every fifteen or twenty minutes, in spite of appropriate treatment by Dr. Gaven, and Dr. Broadbent was called in. At this time, 7 or 7.30 A.M., the patient was, as he had been from the first, perfectly unconscious. During the intervals he moaned loudly, and tossed restlessly, and the face had an expression of suffering. There was no evidence of paralysis; the eyelids were firmly closed, and resisted the attempts to open them; the pupils were equal, and of moderate size. Pulse small and weak, but long. As the convulsion came on the moaning ceased, and the eyes were widely opened. There was then a prolonged groan and scream, and all the muscles of the body and limbs were affected by synchronous violent jerkings. As the attack progressed the face became livid, the pulse imperceptible, the respiratory movements ceased, and it seemed as if death must have ensued had not Dr. Gaven, at the critical moment, depressed the tongue and performed artificial respiration. Calomel had already been placed on the tongue, mustard applied to the calves, and chloroform administered.

On consultation, it was resolved to bleed, and a vein was opened by Dr. Gaven, and thirty ounces of blood abstracted. Another convulsion came on, not less violent than the previous ones, but it was the last, and the convulsions having entirely ceased, the patient gradually regained consciousness on the same day, could speak on the next day, and was soon able to leave town. The chief reason for the employment of venesection was the urgency of the

case. Every convulsion was attended with danger to life, and the repetition of the attacks was likely to injure the brain, especially at the patient's time of life. The condition on which the convulsions depended was not known, but they were probably due to the state of the cerebral circulation, and therefore capable of being influenced by the bleeding. The injury had probably left thickening of the membranes of the base, which might interfere with the movements of the blood or with the interchange between blood and cerebro-spinal fluid. The patient was, moreover, in too plethoric condition, and had been living too generously, considering the date of the injury. Finally, the state of the pulse and of the general circulation was similar to that which accompanies uræmic convulsions, for which bleeding is found most useful. The amount of blood taken was rather large, and was greater than was originally decided upon, *i. e.*, twenty ounces; but the heart did not falter, and the pulse became large and soft as the blood flowed. The mere loss of blood was a trifle in comparison with the danger to be averted, and Dr. Broadbent had often had to regret that venesection had not been recommended, or had been put off till too late, or that too little blood had been taken; never that bleeding had been practiced unnecessarily or too largely.

## On Spinal Paralysis in the Adult.

The following instructive cases are two of four, quite similar, reported in the *Berliner Wochenschrift*, by Dr. G. Salomon. They are interesting from their similarity to infantile paralysis:—

The first was that of a previously healthy man, aged about twenty, who, after standing sentry one night, in a deep snow, noticed in the morning an unusual feeling of fatigue in both legs; it was not, however, until the day following that the loss of power was such as to oblige him to keep his bed; the paralysis rapidly increased until he was quite unable to stand. Iodide of potassium was administered for several weeks, and the patient improved so far as to be able to walk a little with a stick; he was always, however, worse after any exertion, and his condition now became stationary. Sensation was perfect, reflex irritability normal, the bladder and rectum unaffected. The patient was rather unsteady when standing with his eyes shut; his general nutrition, as well as that of the parietic extremities, was good, and no other evidences of disease could be detected. In applying the induction current directly to the muscles, a very powerful and painful current had to be used before contraction was caused; the muscles of the leg were less sensitive than those of the thigh, and the peronei and tibialis

anticus reacted worse than the muscles of the calf. The reaction throughout the right limb was worse than in the left. Muscular contraction was even more difficult to obtain when the current was applied along the course of the nerves; through the peroneal nerves, especially, it was only by the strongest current that the slightest reaction could be caused. By the galvanic current applied to the muscles, prompt, quickly ceasing contractions were produced. Under galvanic treatment the case progressed favorably and the patient perfectly recovered.

A lady, aged about twenty-five, who had had an attack of right sciatica, one and a half years ago, but had since been quite well, found, one morning, after having danced a great deal the night before, that she was only able to move her right arm and leg imperfectly. For three weeks she was treated with purgatives, also occasionally with iodide of potassium, and some slight improvement took place; at the end of this time all movements were possible so long as the patient lay in bed; the pressure of the right hand was considerably less than that of the left; there was no wasting of the affected limbs; sensibility remained unaltered and the general health undisturbed. No pain had been felt from the beginning of the illness. The patient was able to walk slowly, but the right leg dragged; she could hold light objects in her right hand, but very soon it commenced to tremble a good deal, and she was quite unable to hold anything at all heavy. The results of the application of electricity to the affected muscles did not differ materially from those of the foregoing case, except that the muscles supplied by the right ulnar nerve were more sensitive to the galvanic current than the same muscles on the left side. The case was treated by galvanism for a fortnight, but no improvement occurring, the patient was sent away for change of air, and gradually, but completely, recovered.

#### The Excretion of Indican in Disease.

Prof. Senator (*Berliner Klin. Wochenschrift*, October 1) has found an increased excretion of indican in peritonitis, in ileus with stercoraceous vomiting, in cancer of the stomach, in malignant tumors of the abdomen, in pernicious anæmia, leucæmia, and pseudo-leucæmia, in acute febrile diseases, in idiopathic contracted kidney, and very frequently in phthisis. He uses the following method. To a certain quantity of the urine to be examined an equal amount of fuming hydrochloric acid is added. The result frequently is the formation of a dark blue cloud, which becomes more distinct on the addition, by drops, of a saturated solution of chloride of lime. The indigo freshly formed from the indican is best extracted by chloroform, and the amount, whether greater or less, can be estimated from the color. In many of the cases in which there was an increase of indican, the urine also contained an abundance of lime.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—House Air the Cause and Promoter of Disease. By Professor Frank Donaldson, M.D. Reprinted from Maryland State Board of Health Reports, January, 1878.

He assumes that though ventilation is a trite subject, yet, practically, the community is not a live to the fact that impure air is a poison, and is, directly or indirectly, the cause of great mortality. The subject is discussed under four heads:—

1. What pure air is.
2. Its physiological action.
3. How it becomes vitiated and poisonous in houses.
4. The diseases it produces.

Among the many causes given as sources that vitiate house air, one is peculiarly striking—that of animal odors proceeding from our kitchens. They float in the atmosphere, and render the air not only disagreeable at the time, but they are deposited in carpets and closets, old clothes, etc. They undergo decomposition, and promote, if they do not actually cause, typhoid fever and other filth diseases. In the "City of Health" the kitchen is to be on the uppermost floors. An official sanitarian is suggested; "one who understands his science, whose duty it shall be to see that houses are constructed with due regard to the entrance and exit of air, that water closets are placed in proper positions," etc.

—Dr. Henry Martin points out the value of the strong elastic bandage in ulcers, diseases of the joints, varicose veins, rheumatism, neuralgia, cutaneous diseases, etc. (Reprint from the transactions of the American Medical Association, by James Campbell, Boston. pp. 27. Price 25 cents).

—The *Michigan Medical News* is the title of a semi-monthly journal recently started in Detroit, under the management of Dr. J. J. Mulheron. It presents several original articles of ability, and a good selection from other journals.

—Braithwaite's *Retrospect* for January is out, containing the usual judicious selections of articles, principally from the English weeklies.

—The Twenty-fourth Registration Report of Rhode Island comes to us with its statistics worked up in its usual accurate style. Many of its deductions offer food for thought; for instance, this one (p. 60):—"The proportion of children with a foreign father and American mother is constantly much greater than the proportion of those with an American father and foreign mother." A number of suggestions occur to one, in seeking the explanation of this curious fact.

—Circular No. 10, Surgeon General's Office, U. S. A., gives the approved plans and specifications for post hospitals. It is amply illustrated, and gives, in full detail, the specifications for hospitals of twelve and twenty-four beds.

#### BOOK NOTICES.

**On the Uses of Wines in Health and Disease.** By Francis E. Anstie, M.D., etc. Reprinted from the *Practitioner*. London and New York, MacMillan & Co., 1877. 12mo, pp. 74. Price 75 cents.

The late Dr. Anstie was an earnest advocate of the moderate use of wine as a beverage in health, and as a stimulant appetizer and digestive in illness. Though in this he is opposed by many careful hygienists, his arguments are conscientious and well put. His articles in the *Practitioner* excited considerable comment when they appeared, and it is not amiss to reprint them. Whether it has been done at the instance of the California Wine Company, whose advertisement appears at the back of the book, we know not; but it may not be amiss to say, in this connection, that the California wines, however abundant, leave so much to be desired in flavor, body, and careful manufacture, that they rank very low either as dietetic or medicinal beverages, and must, for a long time to come.

**Cyclopædia of the Practice of Medicine.** Edited by Dr. H. Von Ziemssen. Volume xiv. Wm. Wood & Co.

The fourteenth volume of this well known work is on diseases of the nervous system and disturbances of speech. The authors are Drs. Eulenberg, Nothnagel, Von Ziemssen, Jolly, Kussmaul and Bauer. The principal diseases treated are epilepsy, eclampsia, tetanus, cata-

lepsy, paralysis agitans, chorea, hysteria, and the various disturbances of speech. The last mentioned is a particularly profound study of the subject, by Kussmaul, of Strasburg, occupying over three hundred pages, and entering upon the discussion in the most philosophical manner. His statements of the theory of speech in its correlations to self-conscious intelligence demand, and are worthy of, the closest consideration. The first article, by Eulenberg, on vaso-motor and trophic neuroses, is another admirable analysis of these extremely obscure maladies.

**Cerebral Hyperæmia, the Result of Mental Strain or Emotional Disturbance.** By William A. Hammond, M.D., etc. 12mo, pp. 108. Price \$1.00. G. P. Putnam's Sons. For sale by Claxton, Remsen & Haffelfinger, Phila.

Dr. Hammond tells us cerebral hyperæmia is the most frequent affection of the nervous system. Severe mental labor or ill regulated emotions are its cause. He goes on to discuss its diagnosis, pathology, treatment and prevention. Many curious facts and cases are woven into the details of the narrative, as, for instance, the greater activity of the mind when lying down. As for prophylaxis, we must cultivate self-government, a moderate ambition, an Olympian calm of the passions, and

"Learn our little barks to steer  
With the tide and near the shore."

**A Manual of Nursing, Prepared for the Training School of Nurses attached to Bellevue Hospital, New York.** G. P. Putnam's Sons, 1878. 12mo, pp. 143. Price \$1.

A careful summary is here presented, of the directions found in the half dozen most popular books on nursing, in England and this country. The ground covered includes the care of the ward, the beds and the patient; the administration of medicines and local applications; the dressing of wounds, and the nurse's duty in operations; what to do in the most frequent emergencies; monthly nursing and the nursing of children, and cookery for the sick. The style is simple and clear, and it would be well for physicians to recommend the book extensively to those who make it a business to do nursing—though these, as a class, are conceited and unwilling to be taught, in direct proportion to their ignorance.

THE  
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D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST  
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* (\$1.50), or of *Dobell on Coughs, Consumption and Diet* (\$2.00).
2. For two new subscribers to the REPORTER, a copy either of *Napheys' Medical Therapeutics* (\$4.00), or *Napheys' Surgical Therapeutics* (\$4.00).
3. For one new subscriber to both COMPENDIUM and REPORTER, both the *Physician's Pocket Record* and *Dobell on Coughs, Consumption and Diet*.

In all cases the remittance for the new subscriber must cover one full year's subscription.

LATE STUDIES OF CONSUMPTION.

The more closely mortuary statistics are scanned, the more prominent does consumption appear as the most fatal of all the diseases of modern life. It is generally accepted, that out of every one hundred deaths, from 15 to 18 are attributable to this disease; but this statement discloses but a partial view of its terrible fatality. A very large proportion of deaths are of infants and young children, before they reach the age where this insidious disease commences its ravages.

What the fatality really is, has lately been very carefully estimated in the second volume of "The Mortuary Experience of the Mutual Life Insurance Company, of New York," edited by Drs. G. S. WINSTON, W. R. GILLETTE and E. J. MARSH. A large portion of this valuable analysis is devoted to consumption, and the deductions are in several respects novel and startling; the more so, as they have been made with conscientious care, from a wide series of observations. Thus it has been ascertained, beyond reasonable doubt, that *nearly one-third* of all the deaths occurring among adult males, in New York city, are caused by consumption.

It also appears that the prevailing opinion, which, moreover, has been backed by such prominent authors as Drs. FLINT, BENNETT and NIEMEYER, that youth is "the harvest time of consumption," and that the liability to it decreases with advancing years, is an error; in fact, just the reverse is true. In proportion to the number living, consumption is a more frequent cause of death between 60 and 70, than it is between 20 and 30 years.

It is not quite certain that there is any marked distinction between the phthisis of the aged and the youthful. Such a distinction has, indeed, been alleged, by Dr. P. H. DAVIS, of Chicago, in an analysis of 965 cases published in the last volume of the *Transactions* of the American Medical Association. He asserts there is a marked contrast between hereditary and acquired phthisis, the latter occurring in



none of his cases before their eighteenth year, while it does in the large majority of elderly cases. In the present condition of pathology it is doubtful if this distinction can be maintained in other than a very general manner.

In regard to hemorrhage as a prodromic symptom, the authors of the work referred to differ diametrically from a late writer in this journal (Feb. 16th, p. 123). They consider it always a symptom of very ominous portent; they state that it is, without exception, the most valuable sign, to the examiner, of the consumptive diathesis, and recommend, whatever its reported cause or source may be, whether "from the throat," "from the stomach," etc., as persons are accustomed to say, that it should never be disregarded, and no person should be considered a safe risk for life insurance until *ten years* have passed after its occurrence.

Some excellent remarks on the same disease were lately made by Dr. HAYDEN, before the Medical Society of the College of Physicians, of Ireland. Dr. HAYDEN stated that he believed primary tuberculosis of the lungs to be not only possible, but of very frequent occurrence. With most writers, he recognized three stages of the disease—deposition, softening, and excavation. A careful statistical examination of three hundred and thirty cases gave the following results. As might be expected, from the chronicity and slow progress of the disease after forty-five years, both lungs were affected in a larger proportion of cases at that period of life than at any other, while both were least frequently affected, relatively to number, between the ages of fifteen and twenty-five years. Where one lung only was affected, the right maintained a preponderance at all periods save the last. Hæmoptysis was most frequent between the ages of twenty-five and thirty-five years, and at all periods it occurred more than once in the proportion of two to one of the cases in which it was exhibited. The proportion of phthisicals in whom hæmoptysis did not occur at any time was nearly two-thirds. ANDRAL set it down at

one-sixth. Clubbing of the fingers was presented in very nearly the same numerical proportion at the several periods. Excavation was most common under fifteen years, and was associated with illness of less than six months' duration in the proportion of somewhat less than one-third of all the cases in which it was exhibited.

It is questionable whether any material advance in treatment has been suggested of late. Dr. DAVIS somewhat pathetically remarks, "As to the treatment of true tuberculosis, I have nothing new to offer. The contest in those cases is narrowed down to a fight against particular symptoms as they arise."

This is the true state of the case, as we are obliged to confess. Hygiene, tonics, care, and change of climate may postpone for years the inevitable conclusion of the battle, but it is one in which the foe, though slow in advance, is invincible.

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## NOTES AND COMMENTS.

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### Muscular Atrophy and Hypertrophy.

A curious case was exhibited to the Medical Society of Vienna, lately by Prof. Bamberger. It was of a boy, aged 14. Nothing could be ascertained regarding the origin of the disease, and he did not appear to be the subject of any hereditary affection. Since his fifth year he had complained of gradually increasing pain in the limbs. On examination, the muscles of the shoulder-girdle, especially the pectorals and serrati antici majores, were found to be greatly atrophied. Some of the muscles, however, as the deltoids and the extensors and supinators of the forearm, were unusually large. The most remarkable appearance, however, was the increase in mass of the muscles of the lower limbs, especially in the calves. The patient, however, could neither stand nor walk; and the movements of the upper limbs were greatly limited in all directions. The electric irritability of the muscles to both forms of current was lowered. Some of the hypertrophied muscles were soft, while others felt firm, probably in consequence of predominance of the connective tissue over the fat. There was

considerable lordosis of the lower parts of the spine, probably caused by the disturbance of the centre of gravity of the body by the excessive increase of the mass of muscular tissue in the posterior periphery. The skin was mottled and cold, but presented nothing abnormal.

#### Remarks on Hydrophobia.

For a long time so much attention has not been devoted to hydrophobia as within the last six months, in England and France. At one of the late meetings of the Paris Academy, M. Prout read a paper on the various cases of rabies observed in France since 1850. The following were the principal facts brought out. The dog is not dangerous, except when it is under the dominion of the ferocious instincts which the disease has aroused in it. It is more treacherous when the sentiment of affection is still lively in it; when, its saliva being already virulent, the animal is more caressing than usual. The widely spread opinion that canine rabies is always and of necessity characterized by the horror of water, is absolutely false. Mad dogs have so little horror of water that they have been seen to cross rivers, to attack flocks of sheep seen by them on the other side.

#### The Uses of Salicin

In reply to Dr. Scherer's article (REPORTER, p. 97), Dr. H. Zeising, of Peru, Ill., sends us the following case:—

On January 2d, Charles Z., a man of middle age, was taken with a severe attack of inflammatory rheumatism. Prescribed—

R. Potassii. sodii.,	ʒiiss
Potassii. bromidi,	ʒij
Aquæ dest.,	ʒiiij
Vini sp. colchici,	
Syr. simp.,	ʒā ʒj

SIG.—One dessertspoonful to be taken every three hours. Quinæ sulph., grains six, at night.

In nine days he was able to sit up, but complaining much of stiffness and soreness of the affected joints, I ordered salicin, ten grains, four times a day. In four days he had a relapse, worse than the first attack, and it took him three weeks to get as far as he was before the relapse.

Dr. Edward Vanderpoel, of New York, also sends the following:—

Madame J., aged 45, of full habit, weighing 180 pounds, was prostrated on a Monday morning in July, during the Centennial Exhibition, with swollen and painful wrists and ankles, with considerable fever. After a laxative, I prescribed twenty-grain doses of sali-

cin every two hours, until perspiration and ringing in the ears appeared, which was continued for three days, four or five doses being required each day; afterward a few ten-grain doses; she was well by Saturday. She continued well all of the next week, attending to her business as a modiste. The following Sunday, having company, she engaged to go with them the next Saturday to the Exposition in Philadelphia. The following Monday morning I was sent for again, finding her in the same condition as at first. Repeating the salicin in twenty-grain doses, as before, I left her well on Thursday, and on Saturday she went to Philadelphia, quite well, and has been so ever since. I have used it in the same successful way in other cases, and in pleurodynia, and lately in a severe case of painfully stiff neck and shoulder, which was dismissed after two days' treatment, and other painful muscular affections from exposure, with the same success.

#### Dangerous Colors in Wall Papers.

Mr. L. Siebold, in a lecture on this subject, stated that out of sixty or seventy papers of various colors, blue, red, brown, pink, etc., analyzed by him, ten only were harmless, the rest containing arsenic. There is a popular impression that green papers only are to be feared; but the result of Mr. Siebold's examination should have the effect of rendering householders and heads of families suspicious of some of the most innocent-looking colors. It is reasonable to assume that to the presence of deleterious ingredients contained in certain wall papers may be ascribed many little illnesses of children, where no apparent cause exists for the same, and which sometimes puzzle the medical attendant.

### CORRESPONDENCE.

#### Removal of Foreign Bodies from the Urethra.

ED. MED. AND SURG. REPORTER:—

I would like, with your permission, to suggest a device for the removal of impacted foreign bodies, portions of calculi, from the urethra. Take a large gum catheter, cut squarely off at the eye, smear the open end with a soft lubricant, pass it down and press it lightly against the body. Then attach to the opposite end the nozzle of a four-ounce syringe, with an accurately fitting piston; slowly exhaust the air, and at the same time slowly withdraw the catheter, keeping up the process of suction. I have never tried this plan, but it seems feasible theoretically. Never having seen any mention in my readings of such a plan I thought it might prove of use as a resource when other means fail. Should it prove successful I

should regard it as a safer method than the different forms of urethral forceps, which are so liable to lacerate the delicate tissues of that most sensitive passage. Another method worthy of trial, viz: A similar catheter, prepared in the same way as above, with a loop of fine iron or silver wire passed through its length, the two ends projecting externally, the loop to be used as a snare to draw the body within the open end of the catheter. The above suggestions may be no novelty to many of your readers. They are to me, and may prove useful hints to some. A. J. JESSUP, M.D.

*Westtown, New York.*

#### An Unusual Case of Diphtheritic Poisoning.

ED. MED. AND SURG. REPORTER:—

I was called, January 1st, 1878, to see Mr. N., aged 44; married; occupation, retired farmer; family history good; had never seen a sick day in his life. Upon questioning him I found that five days previously he noticed that he was not feeling quite so well as usual, and gradually grew worse, having pain in his head, back and limbs, until he came under my observation. Upon examination I found a diphtheritic deposit on the right tonsil, about the size of a silver quarter. This deposit disappeared in about five days, but as it passed away the cervical glands on the same side began to enlarge, until the swelling occupied the whole lateral aspect of the throat. His complexion began to change, presenting very much that peculiar waxy cast present in carcinoma. As he exhibited signs of debility from the first, I put him on iron and quinine, with a nutritious diet, linseed poultices to the inflamed cervical glands, and opiates to relieve the extreme restlessness present. There being no change in his condition for the better, and there being considerable hemorrhage from his nostrils, I called, January 17th, Dr. V., in consultation. He verified my diagnosis, and advised the same treatment that I was pursuing.

Jan. 18th. Examined patient's urine, and found not even a trace of albumen, but quite an excess of urates, as is always the case where great waste of tissue is going on.

Jan. 20th. Dr. B., being on this side the river to see another patient, kindly consented to visit Mr. N. with me. He agreed with Dr. V. and myself, advising that the stimulants, tonics and diet be pushed to the fullest extent.

Jan. 21st. Patient began to pass blood from the kidneys.

Jan. 22d. The tumor on his neck giving distinct signs of suppuration, I made a slight incision, finding but little pus; but the wound made continued to bleed freely until the following morning, when I applied a little of Monsel's powder, which stopped it. Again saw Dr. V. in consultation; he prescribed gallic acid in three-grain doses, to be repeated every two hours; quinine, stimulants and milk to be continued.

Jan. 23. Dr. V. examined patient's urine

microscopically, and found white corpuscles in great excess; patient began to loathe everything in the line of food and medicine, except the brandy; vomited several times during the day, vomit consisting of blood, principally.

Jan. 24th. Urine the same; gave nothing but brandy and milk after 11 A. M. Dr. V. called again in the P. M., and prescribed fluid extract of ergot, but it was of no avail, as my patient sank rapidly until the following morning, when he died of asthenia. During the last week of patient's illness his eyesight was very much impaired, muscae volitantes, followed by complete loss of sight. The hemorrhage, which was so general from the mucous membrane, we could not trace to any hemorrhagic diathesis; could account for it in no other way than the change the blood had undergone from the effects of the diphtheritic poison. We were denied a post-mortem examination, consequently could not study the case as fully as we could have wished.

It is seldom that diphtheria takes on this peculiar form. It was one of those unfortunate cases which we are called to attend, which go on from bad to worse in spite of all treatment, and all the practitioner can do is to stand helplessly by and contemplate his own weakness.

ELBERT T. RULISON, M. D.

*Bath on the Hudson, N. Y. Feb. 2, 1878.*

## NEWS AND MISCELLANY.

### Eastern Epidemics.

The cholera has broken out with violence in Southern Arabia, at Mecca and Jeddah, among the pilgrims. The plague in Northwestern Persia has been steadily extending its ravages, especially in Resht and the neighboring district. Either of these dreaded epidemics would prove particularly formidable in view of the massing of troops in Turkey and Egypt, and the unavoidable neglect of sanitary precautions.

### Infant Mortality in Europe.

The population of the Netherlands, at the beginning of this year, is estimated at 3,865,456 persons. During the last quarter the birth-rate was equal to 37.2, and the death-rate to 22.1 per 1000 living. The deaths of infants under one year of age, during the three months, were 7755, and were equal to no less than 214 per 1000 births registered; whereas the proportion in England was 138 per 1000.

### Opium Eating.

An exchange says that investigation into the opium eating habits of residents of the Shenandoah Valley reveals the fact that, in the town of Staunton, 100 pounds of the drug are sold every week. Many young women and "ladies of the first families" are slaves of the habit. A public anti-opium meeting has been held, and a petition for a tax on the drug is in circulation.

### Asylums for Feeble-minded Children.

These charities are being extensively introduced into England. In London an asylum to accommodate 500 idiot boys is being erected. A further proposal is made to build another asylum near by, to accommodate 600 imbeciles. The City of London and other asylums for the insane exist in the same neighborhood, the space to be devoted for the accommodation of the mentally afflicted of London being as large as the area of the whole of the City of London proper.

### Personal.

—The eminent ovariotomist, Mr. Spencer Wells, has resigned his hospital appointments, and will henceforth confine himself to private practice.

—December 19th was the hundredth anniversary of the death of the great physiologist, Albrecht von Haller. It was celebrated with great pomp at Berne, the University and municipal authorities having combined for this purpose. Deputations from the Federal Council, the Federal Chambers, and Swiss and foreign universities, took part in the ceremonial, and a medal was struck on the occasion. The committee charged with the preparations have published a biography, with an admirable portrait, of Haller.

—The cable announces the death of Claude Bernard, who came to Paris as a young man, with a tragedy in his carpet-bag, and finding nobody who wanted to play it, became one of the greatest physiologists of the age. Few men have thrown such light as he on the subtle processes of digestion, and the causes of the obscure malady known as Bright's disease. He was born July 12, 1813, and graduated in medicine in 1843. In 1856 he succeeded the famous Magendie as Professor of Experimental Physiology. His principal works are "Lessons in Experimental Physiology as Applied to Medicine," and "Memoir on Animal Heat." He was elected to the French Academy in 1868, succeeding Flourens, and was made a Senator by Napoleon, in 1869. He was a commander of the Legion of Honor.

### QUERIES AND REPLIES.

#### Quartan Ague.

A subscriber asks for recipe for ague. Below I offer one which has been quite efficient in my hands for this purpose, as well as for a general tonic.

R. Sulphate of iron, drachm i-lj  
Nitric acid, fl.drachm i-lj

Place together in mortar, and when effervescence ceases, add—

Nitrate of potash, drachms iij  
Sulphate of quinine, drachm j  
Water, q. s. ounces vj.

DOSE.—One teaspoonful in a wineglassful of water, thrice daily, with Fowler's solution, five drops, where arsenic is needed.

Lafayette, Ala.

M. J. ELEY, M.D.

Dr. C. G. S., of Pa.—Can any one of your readers recommend an effectual remedy for hemorrhoids, either external or internal?

Dr. A. D. P., of Mo.—Chrysophanic acid can be obtained here. It is dear, costing at wholesale \$1.25 per gramme (fifteen grains). The color is from bright yellow to a dark umber.

### OBITUARY.

#### DR. LUNSFORD PITTS YANDELL, SR.,

Of Louisville, Ky., died February 4th, after a short illness, of pneumonia. He was born in Sumner county, Tenn., July 4th, 1803; graduated at the University of Maryland in 1825; was called to the chair of chemistry in Transylvania College in 1831; and came to Louisville in 1837, where, with brief absences, he has since resided, occupying at all times the front rank in the profession of that city. As an author, he was most active, and extended his studies over a wide field, including geology, palaeontology, botany, and all portions of natural history. His literary tastes were of the highest order, and his memoirs of medical and scientific men, of which he prepared a great number, were striking examples of taste and beauty.

He prepared the paper on the "History of American Literature," for the International Medical Congress. The last two years of his life were chiefly busied with a "History of Kentucky Medicine," which he had completed, with the exception of one or two sketches which he had wished to add, a few weeks before his death. His last contribution to the literature of his profession was a paper on "The Diseases of Old Age," which will appear in a forthcoming number of the *American Practitioner*.

He was President of the College of Physicians and Surgeons, Louisville, in 1872; of the Louisville Academy of Medicine in 1875; and at the time of his death was President of the Kentucky State Medical Society.

### MARRIAGES.

CLAPP—RICHARDSON.—On Thursday, Jan. 31st, at the residence of Dr. E. T. Richardson, Brooklyn Heights, by Rev. P. S. Evans, of Massachusetts, Hubert C. Clapp, M.D., of Boston, and Miss Mary O. Richardson, of Brooklyn, N. Y.

HUGHES—BAKER.—On January 24th, in Philadelphia, by the Rev. Dr. Willits, Isaac W. Hughes, M.D., and Emily A., daughter of John C. Baker.

HUNT—GALE.—In Christ Church Cathedral, Montreal, on January 23d, by the Rev. Canon Baldwin, rector of the Cathedral, Dr. T. Sterry Hunt, F.R.S., of Boston, and Miss Anna Gale, of Montreal, eldest daughter of the late Hon. Justice Gale.

MITHENY—DODDS.—On Monday, December 10th, 1877, by Rev. Henry Easton, in the Mission Building, at Latakia, Syria, Rev. David Mitheny, M.D., and Miss Mary Ellen Dodds, both of the Mission of the Reformed Presbyterian Church in that place.

### DEATHS.

DAVIS.—On January 31st, William A. Davis, M.D., aged eighty-two.

PIERSON.—In Charleston, S. C., Dr. B. E. H. Pier-son.